

## **2024 SILENT AUCTION DONATION FORM**

Company N	lame:			
Contact Per	rson:	Phone Numbe	er:	
Name as it	should appear in printed materials:			
Address: _				_
City:		State:	Zip Code:	
Email Addr	ress:			_
	ervice Description (Please describe			
	ns:			<u>-</u>
Expiration	1:	Retail Value:	\$	
	eck all that apply:			
	I will drop off the item(s).			
	I will mail the item(s).	and all a company of a company of		
	Please have someone contact me to pick up our donation.			

SCAN THE QR CODE TO COMPLETE THE DONATION FORM ONLINE

Please generate a Gift Certificate for me.

~ OR ~



For auction questions, please contact:
Micall Weinberg (310) 346-0274 or llacim@gmail.com
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